MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

05212

Reg. Dist. No.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Howard MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural DORSEY — LENGTH OF STAY (In this place) 7 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 268 Route #4 Elkridge P.O. Balto #27 on US Route 1 | STREET ADDRESS (If rural, give location) Box 268 - Route 4 |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Walter (Last) Attfield | | | | 4. DATE OF DEATH (Month) May (Day) 15, (Year) 1950 19 | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH Oct. 6, 1887 | 9. AGE last birthday 62 yrs. | If under 1 year Months / Days; If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer | | 10b. KIND OF BUSINESS OR INDUSTRY Printing | 11. BIRTHPLACE (State or foreign country) England | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME James Attfield | | | 14. MOTHER'S MAIDEN NAME Jean Hutchins | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War #1 | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Hilda S. Attfield - Box 268, Route 4 Elkridge, Md. | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Gunshot wound of head — instant

16dc Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Near Dorsey (COUNTY) Howard (STATE) Md |
| TIME OF INJURY (Month) 5 (Day) 15 (Year) 1950 (Hour) 5:15 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Deceased shot self in head |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Acting Deputy Med. Ex. Howard George E. Burgtorf | M.D. | Elliott City, Md. | 5-15-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5/18/50 | NAME OF CEMETERY OR CREMATORY Meadowridge Cem. | LOCATION (City, town, or county) Howard Co., Md. (State) |
| DATE REC'D BY LOCAL REG. 5/17/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons | ADDRESS Balto Md. |

39214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05213

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Howard MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Rd. | STREET ADDRESS (If rural, give location): 1303 Hubner Ave. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) ROSE | (Middle) E. C. | (Last) BARGAR | 4. DATE OF DEATH | (Month) May | (Day) 7 | (Year) 1950 |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Mar. 17, 1875 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME: George Koenig | 14. MOTHER'S MAIDEN NAME: Elizabeth Wirth | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mr. Joseph O. Bargar 1303 Hubner Ave. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Coronary Thrombosis | 72 hrs |
| | Antecedent cause(s) | | |
| 93d | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio Vascular Disease | 8 yrs |
| | | (c) Arterio-sclerosis | 8 yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10.24, 1942, to 5.7, 1950, that I last saw the deceased alive on 5.7, 1950, and that death occurred at 4.30 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George E Urban | M.D | Catonsville 28 Md | 5.7.50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 5/10/50 | Loudon Park | Balto., Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5/9/50 | A.W. Hedrich J.C.L. | Wm. J. Pickner & Sons | Balto Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05214

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Howard MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural give location) Frederick Road |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Frances | (Middle) | (Last) Bazzell | 4. DATE OF DEATH | (Month) 5-3-50 | (Day) | (Year) 19 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH 7-27-1866 | 9. AGE last birthday 83 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME Emmanuel Shaffer | 14. MOTHER'S MAIDEN NAME Louisa Grimes | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. J.W. Werking, Ellicott City, Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cerebral Hemorrhage — 7 days

Antecedent cause(s) —

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerotic Cardio Vascular Disease — 8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from April 10, 1949, to 3 May, 1950, that I last saw the deceased alive on 3 May, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| William F. Tassaway | M.D. | Ellicott City, Md. | 5/3/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 5-6-50 | NAME OF CEMETERY OR CREMATORY St. Johns | LOCATION (City, town, or county) (State) Ellicott City, Md |
| DATE REC'D BY LOCAL REG. May 4, 1950 | REGISTRAR'S SIGNATURE John B. Loughran, Pr. B. E. L. | 24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 8 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05215

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Date of death from Dep. Med. Exam. records. 5-20-50 ams

1. PLACE OF DEATH: COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Dorsey, Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #1 300 ft South of Dorsey Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Benton

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1950

5. SEX: male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 071-12-3334

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Fracture of Skull, left parietal region — Instant

812.5 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route #1 — (CITY OR TOWN) Dorsey — (COUNTY) Howard — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 5 31 1950 10:55 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burton (Degree or title) M.D. — ADDRESS Elliott City, Md. — DATE SIGNED 5-31-50

Acting DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Anatomy Board — LOCATION (City, town, or county): University of Md. — (State)

DATE REC'D BY LOCAL REG: June 15, '50 — REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: Medical School - Anatomy Board — ADDRESS

VS-A15A

XVX99

RECEIVED
JUN 15 1959
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05216

# CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Craddock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) W. (Last) Brewer

4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 10-4-1862

9. AGE last birthday 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Della Griffin, Henryton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage,

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia,

(c) Hypertension, Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 23 1949 to May 11, 1950, that I last saw the deceased alive on May 11, 1950 and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo Woolridge MD Elkridge Md 5/12-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5-14-50 — NAME OF CEMETERY OR CREMATORY West Liberty — LOCATION (City, town, or county) (State) Relpha Md.

DATE REC'D BY LOCAL REG. May 13 1950 — REGISTRAR'S SIGNATURE (Miss) E Bird Villian

24. FUNERAL DIRECTOR Weer Funeral Home — ADDRESS Sykesville Md

866VV

RECEIVED
MAY 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05217

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Glenelg, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Route # 32

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenelg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) R (Last) Brown

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-13-1897

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer - General

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joseph Brown

14. MOTHER'S MAIDEN NAME: Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Virginia Carter, Glenelg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 — Immediate cause (a): Fracture of Skull, left frontal area — Interval Between Onset and Death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 170c
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: U.S. Route # 32
(CITY OR TOWN): Glenelg (COUNTY): Howard (STATE): Md.

TIME OF INJURY (Month) 5 (Day) 14 (Year) 1950 (Hour) 12 52 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by Auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: George E. Burtoft (Degree or title) M.D. — ADDRESS: Ellicott City, Md. — DATE SIGNED: 5-15-50

Acting DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-16-50
NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem.
LOCATION (City, town, or county) (State): Unity, Md.

DATE REC'D BY LOCAL REG.: 5-16-50
REGISTRAR'S SIGNATURE: Marie A. Whitaker

24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md.
ADDRESS:

98899

RECEIVED
MAY 19 1950
BUREAU V. S.

05218

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 193

1. PLACE OF DEATH: LISBON
COUNTY HOWARD County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LISBON
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of FRANK WARNER LISBON, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: ALEXANDRIA
STATE VA. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALEXANDRIA
STREET ADDRESS (If rural, give location) 207 E. Glebe St.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) CRABTREE
4. DATE OF DEATH (Month) MAY (Day) 5 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH June 2, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY truck farm farm owner
11. BIRTHPLACE (State or foreign country) TAZEWELL Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Gabriel Crabtree.
14. MOTHER'S MAIDEN NAME Susan Thompson -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. no
17. INFORMANT Mrs. Frank Warner - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 420.1 | Immediate cause | (a) CORONARY THROMBOSIS | 10 minutes |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Cardio-Vascular Disease | 3 years |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E Burgtorf MD (Degree or title) ADDRESS Ellicott City, Md. DATE SIGNED 5-5-1950

ACTING DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 5. 1950
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Alexandria. (State) Va

DATE REC'D BY LOCAL REG. 5-5-50.
REGISTRAR'S SIGNATURE E. Pearl Mercer.
24. FUNERAL DIRECTOR Josiah S. Everly. ADDRESS

000 VV

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
MAY 12 1950

05219

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
STREET ADDRESS (If rural, give location): Columbia Pike

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) Warren (Last) Grimes

4. DATE OF DEATH: (Month) (Day) (Year) 5-27-50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-8-1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor General Labor

10b. KIND OF BUSINESS OR INDUSTRY: Day

11. BIRTHPLACE (State or foreign country): Carrol County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marshall W. Grimes

14. MOTHER'S MAIDEN NAME: Sarah Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frank Grimes, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 **Immediate cause** (a) Carcinoma Liver — Interval Between Onset and Death: 1 year ?

46f **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Carcinoma Liver — 1 year ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1949, to 5/27, 1950, that I last saw the deceased alive on 5/25, 1950, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE: William F. Tessaway — (Degree or title): M.D. — ADDRESS: Ellicott City — DATE SIGNED: 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 5-30-50 | NAME OF CEMETERY OR CREMATORY: Good Shepherd | LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG.: May 29, 1950 | REGISTRAR'S SIGNATURE: John B. Langhan. Per. B.J.E.L. | 24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

98799

RECEIVED
JUN 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05220

# CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HOWARD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SCAGGSVILLE
LENGTH OF STAY (in this place) 73 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SCAGGSVILLE
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print): (First) BASILE (Middle) WM (Last) HARDING

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 6 FEB 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BASILE WM HARDING

14. MOTHER'S MAIDEN NAME: MARTHA OWENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 0

17. INFORMANT AND ADDRESS: MRS. B W HARDING Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) CEREBRAL THROMBOSIS | 9 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) HEMIPLEGIA, RIGHT | 9 years |
| | (c) ARTERIOSCLEROSIS | 17 years |

332x
83b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May, 1950, to 23 May, 1950, that I last saw the deceased alive on 23 May, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas R. Ulshafer MD 322 Prince George St Laurel, Md 23 May '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/26/50

NAME OF CEMETERY OR CREMATORY: Emmanuel Cemetery

LOCATION (City, town, or county) (State): Scaggsville, Maryland

DATE REC'D BY LOCAL REG.: 5/25/50

REGISTRAR'S SIGNATURE: Brantshipley

24. FUNERAL DIRECTOR: DeWitt Donaldson Laurel Maryland

ADDRESS

RECEIVED
JUN 1 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

05221

Reg. Dist. No. 1711

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Highland, Md.; LENGTH OF STAY (in this place) passing through; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #29 1 mile South Highland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY MONTGOMERY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAITHERSBURG.; STREET ADDRESS (If rural, give location) ROUTE 3

3. NAME OF DECEASED (Type or Print): (First) Knopie (Middle) (Last) Jefferson

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1950

5. SEX: male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 9-20-31

9. AGE last birthday: 18 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER Rador

10b. KIND OF BUSINESS OR INDUSTRY: Homes

11. BIRTHPLACE (State or foreign country): TENNESSEE

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN JEFFERSON

14. MOTHER'S MAIDEN NAME: BATCHIE GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 214-30-0948

17. INFORMANT: CARL JEFFERSON, ROUTE 3 GAITHERSBURG Md

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Compound fracture of skull, right frontal area | instant |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) none | |
| | (c) none | |

8165
1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route #29 (CITY OR TOWN) Highland (COUNTY) Howard (STATE) Md.

TIME OF INJURY (Month) 5 (Day) 7 (Year) 1950 (Hour) 12:30 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Collision between two vehicles Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Acting DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY George E. Burtoft (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 5-7-50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL; DATE THEREOF May 11 1950; NAME OF CEMETERY OR CREMATORY Forestville Md; LOCATION (City, town, or county) Montgomery Co (State) Md

DATE REC'D BY LOCAL REG. 5-9-50; REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR Roy W Barber Forestville Md ADDRESS

34049

VS-A15A

RECEIVED
MAY 11 1950
BUREAU V. S.

05222

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Waterloo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 mile South of Waterloo on U.S. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Werrentown

3. NAME OF DECEASED (Type or Print) (First) ~~CHEATLEY~~ CHEATHAM (Middle) C. (Last) JOHNSON
4. DATE OF DEATH (Month) 5 (Day) 12 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 22, 1899
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Warren bo Ga
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME David P. Johnson
14. MOTHER'S MAIDEN NAME Ella Mc Wall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT S. A. Blanchard Forest Home Thomson Ga

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Compoured Skull fracture - left Parietal region — instant

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route #1 1 mile S. of Waterloo (CITY OR TOWN) Waterloo (COUNTY) HOWARD (STATE) MD.
TIME OF INJURY (Month) 5 (Day) 12 (Year) 1950 (Hour) 104 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? STRUCK BY AUTO

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 5-12-50

Acting DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF May 13/50
NAME OF CEMETERY OR CREMATORY Thomson Ga
LOCATION (City, town, or county) Thomson Ga (State)
DATE REC'D BY LOCAL REG. May 13 1950
REGISTRAR'S SIGNATURE R. N.
24. FUNERAL DIRECTOR Philip Sterwig Son, 2024 Orleans St ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

05223

Reg. Dist. No. 194 195

1. PLACE OF DEATH: COUNTY HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Jessups, Md. — LENGTH OF STAY (In this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS "ONE SPOT" U.S. Route #1 Jessups, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA — COUNTY ALAMANCE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRAHAM
STREET ADDRESS (If rural, give location) ROUTE 2

3. NAME OF DECEASED (Type or Print): ALFRED (First) CLAUDE (Middle) - (Last) MARLETTE
4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1950

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | SINGLE | 7-26-1894 | 55 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Carpenter | Home | NORTH CAROLINA | U.S.A. |

13. FATHER'S NAME: WILLIAM MARLETTE
14. MOTHER'S MAIDEN NAME: HANNAH E ZACHARY

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| Yes | WW I | ? | W.G. MARLETTE, GRAHAM, N.C. |

### 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Thrombosis | Instant |
| 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | none | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: George E. Burtoft (Degree or title) M.D. — ADDRESS: Elliott City, Md. — DATE SIGNED: 5-24-50
ACTING DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 5-27-50 | SPRING FRIENDS | GRAHAM, N.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| May 25, 1950 | John B. Loughman Jr. R.E.G. Mrs. Frank Shipley | F.C. HIGINBOTHOM | ELLICOTT CITY Md. |

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
JUN 1 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05224

# CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Woodbine — LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daisy Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Woodbine
STREET ADDRESS (If rural, give location) Daisy Road

3. NAME OF DECEASED (Type or Print): (First) Janet (Middle) Louise (Last) Poole

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 19, 1950

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Poole

14. MOTHER'S MAIDEN NAME: Julia Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George Poole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Malformation

759.3 157m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1950, to May 20 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 8 45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Van Poole MD Mt Airy Md 5-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 20, 1950 | NAME OF CEMETERY OR CREMATORY: Jennings Chapel | LOCATION (City, town, or county) (State): Florence, Maryland

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

May 22-50 E. Paul Mercie | Easton Sons, Elliott City, Md.

1-0-2-19-0-26-6-46-R

RECEIVED
MAY 23 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05225

# CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Melinda (Last) Ridgeway

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 23 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pickaway County Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry Stansider

14. MOTHER'S MAIDEN NAME: Jane Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Mid

17. INFORMANT: Anna Ridgway - Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 241x Immediate cause | (a) Hypertensive Cardio-Vas. Disease | 3 yrs. |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteria-sclerosis | 10 yrs. |
| | (c) Chr. Bronchial asthma | 20 yrs. |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to May 18th, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D. Savage, Md. 5/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/21/50

NAME OF CEMETERY OR CREMATORY: Savage Cemetery

LOCATION (City, town, or county) (State): Savage, Maryland

DATE REC'D BY LOCAL REG. 5/20/50

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: Ile White Donaldson Laurel, Md. ADDRESS

RECEIVED
MAY 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 05226 / 91

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rogers Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Ellicott City
STREET ADDRESS (If rural, give location) Rogers Avenue

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) EMMA (Last) RINEHART

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Sept. 18, 1867

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John N. Brengle

14. MOTHER'S MAIDEN NAME ? Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Henry N. Warfield, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

331x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic hypertensive disease — ?

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1950, to 5-5, 1950, that I last saw the deceased alive on 5-5, 1950, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE Jean A. Kochman, M.D. (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 5/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 8, 1950 NAME OF CEMETERY OR CREMATORY Linthicum Chapel Cemetery LOCATION (City, town, or county) (State) Clarksville, Maryland.

DATE REC'D BY LOCAL REG. May 6, 1950 REGISTRAR'S SIGNATURE John B. Loughran Per. B. E. L.

24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY 9 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

05227

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 194

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 5 East Monroe St

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Stephen | Watts | Rush | 5 | 17 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | 8-3-49 | yrs. | 8 | 14 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Howson Rush
14. MOTHER'S MAIDEN NAME: Mary Ann Heydenrich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Robt. Rush 5 E. Monroe St., Alexandria

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Marasmus | 7 mos |
| 752X 157a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congenital internal hydrocephalus | 8 mos |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 3/1, 1950, to 5/17, 1950, that I last saw the deceased alive on 5/16, 1950, and that death occurred at 5°°/A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. 5-10-50

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| burial | 5-19-50 | Mt Ivy Cemetery | Alexandria | Va |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 5-17-50 | Marie A. Whitaker | Cunningham Funeral Home | Alexandria, Va. |

9-0-8-08-9-00000R

VS. A15

RECEIVED
MAY 22 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

05228

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Howard | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Laurel | LENGTH OF STAY (in this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: North Laurel

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md | COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Laurel
STREET ADDRESS (If rural, give location): N. Laurel

**3. NAME OF DECEASED** (Type or Print): (First) BASILIUS (Middle) H (Last) SCHMIDT

**4. DATE OF DEATH**: (Month) May (Day) 24 (Year) 1950

**5. SEX**: M

**6. COLOR OR RACE**: W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)**: Widower

**8. DATE OF BIRTH**: 28 June 1865

**9. AGE last birthday**: 85 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming & Road Contracting

**10b. KIND OF BUSINESS OR INDUSTRY**: Farmer

**11. BIRTHPLACE** (State or foreign country): Md

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: Adolph Schmidt

**14. MOTHER'S MAIDEN NAME**: Louisa (Dorhafer)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no

**16. SOCIAL SECURITY NO.**: ( )

**17. INFORMANT AND ADDRESS**: George S. Smith PO Box #14 Laurel

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) Occlusive peripheral vascular disease | 3 mos |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral thrombosis / Arteriosclerosis | 2 years / years |
| | (c) | |

332 x 83 lb

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION** | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)** | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to 24 May, 1950, that I last saw the deceased alive on 24 May, 1950, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE: Thomas R. Ulshafer (Degree or title) MD | ADDRESS: 322 Prince George St Laurel Md | DATE SIGNED: 25 May 50

**23. BURIAL, CREMATION REMOVAL (Specify)**: Burial | DATE THEREOF: May 26 1950 | NAME OF CEMETERY OR CREMATORY: Ivy Hill | LOCATION (City, town, or county): Laurel | (State): Md

DATE REC'D BY LOCAL REG.: 5/25/50 | REGISTRAR'S SIGNATURE: Frank Shipley

**24. FUNERAL DIRECTOR**: Ridgely Selby. | ADDRESS: Laurel Md.

RECEIVED
JUN 1 1950
BUREAU V. S.

05229

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Howard MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City — LENGTH OF STAY (in this place) 3 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street | STREET ADDRESS (If rural give location) Main Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) BERNARD | (Middle) THOMAS | (Last) SCRIVNOR | 4. DATE OF DEATH | (Month) May | (Day) 21 | (Year) 1950. |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH March 22, 1870 | 9. AGE last birthday 80 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Building Repairs | 11. BIRTHPLACE (State or foreign country) Maryland | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Louis F. Scrivnor | | | 14. MOTHER'S MAIDEN NAME Elizabeth A. Shulnbuger | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | | 16. SOCIAL SECURITY NO. 213-14-5742 | 17. INFORMANT Mr. Henry Clay Scrivnor | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Thrombosis | 5 days |
| Antecedent cause(s) | | |
| 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | 5 yr. |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | none | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION none | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 5-16, 1950, to 5-21, 1950 that I last saw the deceased alive on 5-20, 1950, and that death occurred at 10 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George E. Burgtorf | M.D. | Ellicott City, Md. | 5-22-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE May 23, 1950 | NAME OF CEMETERY OR CREMATORY Oella Cemetery | LOCATION (City, town, or county) (State) Oella, Maryland. |
| DATE REC'D BY LOCAL REG. May 23, 1950 | REGISTRAR'S SIGNATURE John B. Lingham. Per. B. E. L. | 24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md. | ADDRESS |

30859

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1950
BUREAU V. A.

05230

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (rural) LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural give location) Columbia Pike

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) 5-29-50 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-12-1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Montgomery Co. Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-10-6622
17. INFORMANT Josie L.Smith,Ellicott City,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, left lung — INTERVAL BETWEEN ONSET AND DEATH: 10 months?

163X Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Carcinoma, left lung — 10 months?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21/, 1949, to 5/29, 1950, that I last saw the deceased alive on 5/27/, 1950, and that death occurred at 8-P m., from the causes and on the date stated above.

SIGNATURE William F. Tassaway (Degree or title) M.D. ADDRESS Ellicott City DATE SIGNED 5/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6-2-50
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) (State) Ellicott City,Md.

DATE REC'D BY LOCAL REG. June 1, 1950
REGISTRAR'S SIGNATURE John B. Loughran. Per. B. E. L.
24. FUNERAL DIRECTOR F.C?Higinbothom,Ellicott City,Md ADDRESS

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1950
BUREAU V. S.

05231

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterloo
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Rt #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY Kitsap
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bremerton
STREET ADDRESS (If rural, give location) Rt #4, Box 1657

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| LENWOOD | John | TACKLE | 5 | 1 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | White | Single | 7 April 1926 | 24 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Airman | US Air Force | Washington | USA |

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Records at Bolling AFB Wash DC

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 819,5 **Immediate cause** | (a) Fracture of Skull | Instant |
| 170c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture lower 1/3 Right Femur

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) U.S. Route 1 / Waterloo | (COUNTY) Howard | (STATE) Md. |
|---|---|---|---|---|

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 5 | 1 | 1950 | 850 A.m. | | | Auto accident Collision with Rigid Object |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George E. Burton | M.D. | Ellicott City, Md. | 5-1-50 |

ACTING DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | May 3, 1950 | National Cemetery | San Bruno, Cal. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2 May 50 | James E Hayes Cpl MSC | Chambers Funeral Home | Wash DC |

60896

VS. A15A

RECEIVED
MAY 4 1950
BUREAU V. S.